

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000065120**

1. Entity Name

COLLEGE CUTTERS LAWN AND LANDSCAPE, INC.**FILED**
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90473 046 ***150.00

Principal Place of Business

Mailing Address

3245 5TH AVE N.
ST. PETERSBURG FL 33713PO BOX 13202
ST. PETERSBURG FL 33733
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3463853**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATKINSON, JOEL D

~~3245 5TH AVE N.~~ 2241 2ND AVENUE SOUTH
ST. PETERSBURG FL ~~33713~~

33712

Name

Street Address (P.O. Box Number is Not Acceptable)

2241 2ND AVENUE SOUTH

City

ST. PETERSBURG

FL

Zip Code

33712

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JOEL ATKINSON

2/28/2001

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME ATKINSON, JOEL D
STREET ADDRESS ~~2590 82ND TERR., N.~~
CITY-ST-ZIP ST. PETERSBURG FL 33702TITLE V ☐ Delete
NAME BURKE, KEVIN M
STREET ADDRESS 8454 TOBAY RD., N.
CITY-ST-ZIP ST. PETERSBURG FL 33702TITLE V ☐ Delete
NAME BURKE, THOMAS A
STREET ADDRESS 8454 TOBAY RD., N.
CITY-ST-ZIP ST. PETERSBURG FL 33702TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2241 2ND AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG, FLORIDA 33712TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOEL ATKINSON

2/28/2001 (727) 328-9686

Date Daytime Phone #

CR2E034 (10/00)